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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.:	VRT0010C1US
	First Named Inventor or Application Identifier:	Darshan B. Joshi
	Title:	Business Continuation Policy For Server Consolidation Environment
	Express Mail Label No.:	EV304868435US

19587 U.S. 60363 PTO  
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<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i>  <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. Application:</p> <p><input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below)          Descriptive title of the Invention,          Cross References to Related Applications,          Reference to Microfiche Appendix,          Background of the Invention,          Brief Summary of the Invention,          Brief Description of the Drawings, and          Detailed Description (all totaling <u>35</u> pages)          Appendix A (<u>17</u> pages)</p> <p><input checked="" type="checkbox"/> Claim(s) <u>5</u> pages</p> <p><input checked="" type="checkbox"/> Abstract of the Disclosure <u>1</u> page</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <small>[Total Sheets <u>17</u>]</small></p> <p>4. Oath or Declaration <input type="checkbox"/> unsigned <small>[Total Pages <u>2</u>]</small></p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d))  <small>(for continuation/divisional with Box 17 completed)</small></p> <p>c. <input type="checkbox"/> DELETION OF INVENTOR(S)  <small>Signed statement attached deleting inventor(s) named in the prior application.          see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>5. <input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small>          The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment:  <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. <u>10/159,366</u>          Filed on <u>5/31/2002</u>, entitled: <u>Business Continuation Policy For Server Consolidation Environment</u>.</p>			

**PRIOR APPLICATION INFORMATION:** Examiner Unknown Group Art Unit 2156**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below			
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**19. Fee calculations.**

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
22	TOTAL CLAIMS (37 CFR 1.16(c))	-20	=	2	x	\$18	=	\$36.00
2	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3	=	0	x	\$84	=	\$0.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))				+	\$280.00	=	
						BASIC FEE (37 CFR 1.16(a))	=	\$ 750.00
						Total of above Calculations	=	\$786.00
						Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).	=	
							TOTAL	= \$786.00

20. FEES: The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. **502306**:

- a.  Fees required under 37 CFR 1.16. (U.S. Application Filing Fees)
- b.  Fees required under 37 CFR 1.17. (Conditional Extension of Time Fees)
- c.  Fees required under 37 CFR 1.18. (Patent Issue Fees)

21.  Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

**22. NEW CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> New correspondence address below	
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
COUNTRY	TELEPHONE	FAX

**23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

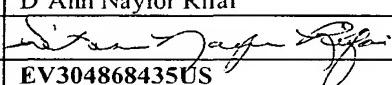
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Signature		
Express Mail Label No.	EV304868435US	